

PRE-AWARD SURVEY OF CONTRACTOR'S/CARRIER'S FACILITIES AND EQUIPMENT										DATE (Yr/Mo/Day)	
INSTRUCTIONS: THIS SELF EXPLANATORY FORM IS TO BE COMPLETED IN DUPLICATE FOR EACH WAREHOUSE OR SPECIFIC AREA THEREOF IN WHICH HOUSEHOLD GOODS ARE TO BE STORED. THE ORIGINAL TO BE RETAINED BY THE RESPONSIBLE ACTIVITY, DUPLICATE TO THE CONTRACTOR/CARRIER.											
NAME AND ADDRESS OF FIRM (Include ZIP code)				SCAC		CONSTRUCTION OF BUILDING					
						WALLS					
						ROOF					
NAME OF OPERATING EXECUTIVE				FLOOR(S)				NUMBER OF FLOORS			
PHONE (Include AREA CODE.) BUSINESS: HOME:				BASEMENT							
ADDRESS OF STORAGE LOCATION (Include ZIP CODE.)				GIVE NARRATIVE DESCRIPTION OF BUILDING (Use reverse for diagram of storage area, if desired.)							
WAREHOUSE NUMBER		AREA (Floor, Fire Division, etc.)									
WAREHOUSE LICENSE NO.		OPERATING AUTHORITY									
OPEN FOR BUSINESS (Hours and days of week.)											
PICK-UP AND DELIVERY EQUIPMENT											
NUMBER OF TRUCKS		TYPE OF TRUCKS		TOTAL STORAGE SPACE (Square feet.)							
				OWNERSHIP OF BUILDING							
				<input type="checkbox"/> OWNED <input type="checkbox"/> LEASED (If leased complete the following and attach a copy of lease.)							
				LEASE EXPIRES PHONE							
FIRE PROTECTION				NAME AND ADDRESS OF OWNER (Include ZIP CODE.)							
FIRE CONTENTS RATE (Based upon 80 percent co-insurance per \$100 per year.)											
DOD FIRE CLASSIFICATION CODE		WEIGHT LIMITATIONS (LBS.)		(CHECK "YES" OR "NO" AS APPROPRIATE)				YES	NO		
				CATEGORY OF BUSINESS							
NUMBER OF MILES TO NEAREST FIRE DEPARTMENT:				MINORITY BUSINESS ENTERPRISE							
NEAREST FIRE HYDRANT	NUMBER OF FEET FROM BUILDING:			SMALL BUSINESS CONCERN							
	POUNDS OF PRESSURE:			FIRE EXTINGUISHERS							
		<input type="checkbox"/> ADEQUATE <input type="checkbox"/> INADEQUATE		IS THERE A SUFFICIENT NUMBER?							
DESCRIBE FIRE PROTECTION SYSTEM				ARE THEY THE PROPER TYPE?							
				ARE THEY REGULARLY INSPECTED AND MAINTAINED?							
FREQUENCY OF TEST/INSPECTION:				FIRE FIGHTING PLAN							
MAINTENANCE CONTRACT WITH				IS A FIRE FIGHTING PLAN POSTED?							
				ARE ALL EMPLOYEES FAMILIAR WITH THE PLAN?							
				CLIMATE PROTECTION							
				IS BUILDING PROTECTED FROM EXTREME COLD?							
				IS BUILDING PROTECTED FROM EXTREME HEAT?							
				IS BUILDING PROTECTED FROM EXTREME HUMIDITY?							
SCALES				IS VENTILATION ADEQUATE?							
TYPE AVAILABLE		DISTANCE FROM BUILDING (MILES)		ARE UTILITIES AND OTHER SYSTEMS SERVICED AT LEAST ANNUALLY?							
CERTIFIED	YES	NO	CAPACITY	MATERIAL HANDLING EQUIPMENT							
				IS THE EQUIPMENT PROPERLY MAINTAINED?							
STORAGE METHODS (Give brief description)				SMOKING							
RUGS				ARE "NO SMOKING" SIGNS POSTED?							
				IS "NO SMOKING" POLICY ENFORCED?							
UPHOLSTERED FURNITURE				HOUSEKEEPING							
PIANOS				IS BUILDING AND OUTSIDE AREA NEATLY KEPT AND FREE FROM HAZARDOUS MATERIALS?							
FIREARMS SECURITY				ARE COMBUSTIBLE WASTE MATERIALS STORED AT LEAST 50 FEET AWAY FROM FACILITY?							
				SECURITY							
OTHER PROPERTY				IS BUILDING EQUIPPED WITH BURGLAR ALARM?							
				IS A WATCHMAN ON DUTY?							
HAZARDOUS OPERATIONS (Describe operations in or near building which may be hazardous to stored property.)				DO POLICE PATROL THE AREA?							
				ARE DOORS AND WINDOWS ADEQUATELY PROTECTED?							
				IS SEPARATION FROM JOINT OPERATION OCCUPANT, IF ANY, ADEQUATE? (See "Hazardous Operation" below.)							
TYPE OF PROGRAM FIRM HAS FOR RODENT AND/OR INSECT CONTROL				FLOODING							
				IS BUILDING SUBJECT TO FLOODING?							
I certify that I have inspected the above described facility and find that, to the best of my knowledge, the information herein is true and correct.				SIGNATURE (Inspecting Officer)				DATE (Yr/Mo/Day)			
I certify that the conditions and policies of this warehouse are, to the best of my knowledge, as indicated above.				SIGNATURE (Warehouseman)				DATE (Yr/Mo/Day)			
I certify that I have reviewed this survey and <input type="checkbox"/> APPROVE, <input type="checkbox"/> REJECT the facility for storage of household goods.				SIGNATURE (Contracting Officer/Trans. Officer)				DATE (Yr/Mo/Day)			